

FAX to: 512.754.7985 Form available on web: www.ci.san-marcos.tx.us

City of San Marcos Department of Public Works 630 E. Hopkins San Marcos, TX 78666

STREET CUT PERMIT APPLICATION

A. PERMITTEE INFORMATION		Date:		
Part 1. Company Name:		Person to Contact:		
Address:	City:	State:		Zip:
Phone Number: () -	1	FAX Number	er: () -
Part 2. Street Name to be cut:		•		
Type of Installation/Repair; reason for work:				
Estimated Start Date:	Estimated Completion Date:			
Applicant Signature (required):	Job Title:		Date:	
B. STREET CUT DIAGRAM: Approximate	location and orientation	of cut. Show stre	et name, k	lock number and
cross street(s) if applicable.				
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Number of cut(s):				
Width of cut(s):				
Length of cut(s):	Total squa	Total square footage of cut(s):		
C. PUBLIC WORKS ADMINISTRATION	PW Permit	#: 		
Cutting Streets Approval	attached for reason(s))			
Permit Effective Period: From:	To:			
New Overlayed Street ? ☐ Yes ☐ No				
Approved by:		Date:		
D. PERMITTEE JOB CLOSE-OUT INFO	PRMATION : (To be re	eturned after job c	ompletion)	
Actual Finish/Final Street Repair Date:	•		. ,	

Foreman Signature:

Date: